hemorrhagic cases before operation? Gentlemen, you will do well to regard with suspicion eyes presenting the following conditions: Tense, hard globe, traversed by purple tortuous veins; sluggish or immovable iris; with, perhaps, one or two minute points of adhesion to the capsule of the lens; the existence of motes, flashes, and occasional dull aching at the back of the eye, with pains of the brow and cheek, the patient, at some time or other, having had gouty symptoms. You must bear in mind, however, that the pain, the muscæ, and other symptoms of disturbance, may have passed away, and will not be mentioned unless inquiry be made: yet their existence, in connection with the other symptoms, often indicates a varicose state of the choroid and of the retinal vessels, with, perhaps, degeneration of their coats.

Dr. Gairdner has pointed out that venous congestion is a common attendant on gout; my own observation coincides with this. A patient of mine, who lost his right eye from arthritic glaucoma, besides being a martyr to the gout in his limbs, underwent an operation on the throat; uncontrollable venous hemorrhage took place, and he died. A few weeks since, I removed an eye from a patient of Dr. Gairdner's; though the ball itself was cleanly dissected out by means of scissors and a strabismus-hook (a proceeding which is generally almost bloodless); there was profuse hemorrhage at the time, and the bleeding did not cease for three hours, in spite of the constant application of ice; the patient, however, recovered so rapidly that an artificial eye was introduced on the seventh day, and borne perfectly well. I mention these cases because I believe that when bleeding does take place from eyes which have been the seat of chronic arthritic inflammation it is likely to be obstinate.

What is to be done to check the bleeding? Pounded ice to the lid, gentle pressure if it can be borne, and gallic acid internally, are the best measures. If the globe fills with blood it will be utterly destroyed; but cases are recorded where the bleeding has been slight, and recovery of sight has taken place. It is, therefore, very important to check it promptly. If the patient be old and feeble, and the powers of life failing, stimulants, as brandy, may be absolutely necessary; but the less the better. The very depression of the circulation may be the means of arresting the hemorrhage, whereas a too hasty administration of stimuli to keep up the pulse may be the very means of defeating the main object. The room should be kept cool, the patient be carefully watched and kept absolutely quiet—the fewer persons admitted the better; the alarm and agitation of friends are an annoyance to the surgeon, and are hurtful to the patient.

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51. *Ultimate Ill Results of the Depression of Cataract.*—An instructive case has recently been under Mr. Bowman's care in the Moorfields Ophthalmic Hospital, in which depression had been practised with perfect success, and, after nearly two years of good sight, the eye had been lost by inflammation. The particulars are briefly as follows: George H., now aged 62, came up from the country to be under Mr. Bowman's treatment for cataract, in May, 1854. The cataract was most advanced in the left eye, in which it had existed for about eighteen months. He was blind of the left, and the right was becoming inconveniently misty. Mr. Bowman (who was then performing depression in a number of cases, with the view of testing the value of this operation as compared with extraction) depressed the lens in the left eye, and with perfect success. The man soon after returned home, and for more than two years enjoyed sight which enabled him to read the smallest print, and had no pain whatever in the eyeball. In July, 1856, he was suddenly attacked by severe pain in the globe, for which he could assign no cause. He describes the illness as having been attended by much pain and feverishness, and within a week of its commencement had lost his sight. After a time, the pain subsided to a great extent, but he remained without any vision whatever in the affected eye. In the mean time, the cataract in the right eye had so much increased that he could make but little use of it. In May, of the present year, therefore, he came in order to have a second operation performed. The lost eye was constantly fretful and painful, and the lashes of the lower lid were turned against it. Before proceeding to extract, Mr. Bowman first performed the usual opera-

tion for entropium, and also determined to remove the lost globe, fearing that it might prove a source of irritation to the other. This was accordingly done, and an opportunity thus occurred of examining the state of the organ. The nucleus of the depressed lens was found still existing, and, although dense and shrivelled, was not actually cretaceous. The choroid and retina had been separated by effusion between their layers. Last week, Mr. Bowman extracted the lens from the right eye, and when the eye was opened, a day or two since, the section was found united, with a central clear pupil. The man has been wearing an artificial eye with perfect comfort, from the fifth day after the excision. The readers of our notes will be aware that the operation by depression is one which is now never performed at the Moorfields Hospital. It has been wholly discarded on account of the frequency of such occurrences as the above case illustrates, viz., that the nucleus of the lens is liable at any subsequent period to become a source of irritation and excite inflammation, which will end in amaurosis. Although so much easier of performance, and so tempting on account of its little risk and the speed with which good vision is obtained, it is therefore, in the long run, a much less satisfactory procedure than extraction. We might add that the operation by solution, when the lens is hard, is liable to nearly the same objection. The outer parts of the lens only are really absorbed, and, after a succession of troublesome operations, the nucleus at last drops out of the axis of vision, and a condition of things very similar to that obtained by depression exists, and one which is liable to the same subsequent risks.—*Med. Times and Gaz.*, June 27, 1857.

52. *Symblepharon treated successfully by Blandin's Method.*—Mr. R. Taylor relates (*British Medical Journal*, June 13, 1857) the case of a lad, 15 years of age, who applied for relief at the Central London Ophthalmic Hospital in August, 1856. "Nearly a year and a half previously he had received a severe injury in the right eye, and a less serious one in the left, from lime, for which injuries he had been treated for some months at a hospital. His state, when I first saw him, was as follows: The right eyeball and lid were united by a dense firm cicatrix, extending nearly the whole length of the palpebral fissure, and upwards over the cornea so as to conceal the pupil, with the exception of a small chink, which was obscured by a faint milky opacity. Every attempt at moving the eye was attended by a most disagreeable feeling of constriction; and the sight was so far impaired that he could not make out the largest print. In the left eye the consequences of the injury were so slight as not to require surgical interference. There were a few loose bands of adhesion at the bottom of the palpebral sinus; and though the lower part of the cornea was obscured by opacity, this did not trench upon the pupil, and vision was unimpaired.

"The operation upon the right eye may be described nearly in M. Blandin's words. The cicatrix was carefully dissected from the cornea and sclerotica in its whole extent, until the eyeball was completely free; and the dissection was continued until the bottom of the palpebral sinus had been reached, and the bony margin of the orbit could be felt with the finger. There was thus left a broad thin flap of cicatrix adhering to the tarsal margin of the eyelid. This was then folded in, in the manner of a hem, so that its smooth surface, which had formerly been external, was now in apposition with the raw surface of the eyeball, and a lining was provided for the eyelid to the very bottom of the palpebral sinus. In this position the flap was retained by two sutures passing through the entire thickness of the lid, and tied externally on the skin of the face.

"The subsequent progress of the case may be thus condensed: One of the sutures was, unfortunately, detached by the efforts of the patient, who did not understand its importance; and I was not informed of the accident until it was too late to replace it. The other was removed on the fifth day after the operation. The outer three-fourths of the flap adhered to its new position, leaving a palpebral sinus of the natural depth. At the inner part there was still a narrow elastic band between the eyelid and the lower and inner part of the cornea; which, however, did not interfere with the free movement of the eye. A subsequent attempt to get rid of this adhesion was unsuccessful. The opacity